Choosing Wisely®
Communication Skills Modules

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Acknowledgements

• ABIM Foundation
• Drexel University College of Medicine
• Consumer Reports
• American Academy of Health Care Communication
• Advisory Board (Drs. Beth Lown, Wendy Levinson and John Santa)

• Co-Collaborators:
  • Christof Daetwyler, MD
Goals of the Webinar

• What are the Choosing Wisely® Communication Modules?

• What are the core communication strategies that engender patient trust and satisfaction?
• How can providers learn Choosing Wisely® information easily and communicate it to their patients using the modules?

• How can you put these modules into your grant in order to advance Choosing Wisely®?
What do the Choosing Wisely ® Communication Modules offer?

• Easy to use on-line educational resource
  • Quick resource on key communication skills for negotiating with patients
  • Interactive with video and instant polling
  • Provides one resource linking medical knowledge with communication skills
• Holds both specialty society information/Consumer Reports® for fast use by medical offices
• *Doc.com* is a comprehensive online resource on healthcare communication.

• Launched in 2007 now with 42 modules:
  • >14,000 subscribers and
  • over 30 medical schools and many residency programs nationally and worldwide.

• *Doc.com* evidence-based text, over 400 videos/annotated videos and a learning management system that allow students and faculty members to interact over a variety of communication skills topics.
Directed and produced by Christof J. Daetwyler, MD

The Clinical Assessment of Substance Use Disorders

This media-rich, on-line module was created through the collaborative efforts of the National Institute on Drug Abuse (NIDA), Drexel University College of Medicine, and the University of Pennsylvania School of Medicine as part of NIDA’s Centers of Excellence for Physician Information.

DEMO module 30: Substance Use Disorders - by Barbara A. Schindler MD and Ted Parran MD

http://webcampus.drexelmed.edu/doccom/user/
Choosing Wisely®
Communication Modules

- Specialty societies identified tests or procedures commonly used in their field, whose necessity should be questioned and discussed.

1. American College of Physicians
2. American Society of Nephrology
3. American College of Cardiology
4. American College of Nuclear Cardiology
5. American College of Radiology
6. American Academy of Family Physicians
7. American Academy of Allergy, Asthma, & Immunology
8. American Gastroenterology Association
The American Academy of Family Physicians' Module for the Choosing Wisely® Initiative

By Bellinda K. Schoof, MHA, CPHQ, Doug Campos-Outcalt, MD, MPA, and Pamela M. Duke, MD

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Learning Goals/Poll

At the conclusion of this module, you will be able to:

- Articulate strategies to implement Choosing Wisely® conversations
- Decide which of these communication strategies you will adopt to enhance your current care of patients
- Identify the structural and personal barriers to implementing your specialty society’s Choosing Wisely® recommendations in your care of patients

Instant Poll:

Your submission is anonymous.

1) How often do patients ask you for a test or medication you feel may not be necessary?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

2) How often do you grant patient requests for tests, medications or treatments that you feel may not be necessary?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

Submit

Instant Poll Results:

This chart shows how your peers answered the instant poll.

1) How often do patients ask you for a test or medication you feel may not be necessary?

- Never: 11.4%
- Rarely: 21.05%
- Sometimes: 35.96%
- Often: 27.19%
- Always: 4.39%

N=114

2) How often do you grant patient requests for tests, medications or treatments that you feel may not be necessary?

- Never: 9.25%
- Rarely: 21.43%
- Sometimes: 52.68%
- Often: 11.61%
- Always: 3.04%

N=112
Choosing Wisely® Overview

• An initiative of the ABIM Foundation to help physicians and patients engage in conversations to reduce overuse of tests and procedures
KEY COMMUNICATION SKILLS

1. Provide clear recommendations.
2. Elicit patients' beliefs/ask questions.
3. Provide empathy, partnership and legitimation.
4. Confirm agreement/overcome barriers.

Evidence Based

Video Examples
Provide Clear Recommendations

• Patients want their physician to provide information.

• Studies have shown that clinical outcomes such as blood pressure improve when physicians provide clear information.

Powell H, Gibson PG. Options for self-management education for adults with asthma. The Cochrane Database of Systematic Reviews. 2003;1:1-44
Provide Clear Information Based on Best Evidence

Patients want their doctor to provide health related information and often feel they are not getting enough information.

Studies show that patients want their physician to provide information. (1) Physicians overestimate the time they spend educating patients and underestimate how much information their patients want. (2) Studies have shown that clinical outcomes such as blood pressure improve when physicians provide clear information. (3) Effective patient education improves adherence to plans, (4) and patient education programs that include self-management strategies result in reduced healthcare utilization, less lost work time and improvement in symptoms. (5)

Please click the video button on the left to see an example how to provide clear information based on best evidence.

- Explain your recommendations using the guidelines as a reference
- Keep explanations simple and avoid medical jargon
- Acknowledge that guidelines are not a “one size fits all”
- You may need to discuss key evidence about risks, benefits and research supporting the guidelines
- Use written materials to support your recommendations
Elicit Patients Beliefs/Questions

• Many patients won’t express these concerns unless asked for fear of embarrassment. But if these hidden concerns remain unsolicited and unaddressed, the concerns may become the cause of persistent requests for medications or further testing.

White J, Levison W Toter D “Oh, by the way...” the closing moments of the medical visit” 1995, JGIM, 9, 24-28.
Provide Empathy, Partnership & Legitimation

- Studies have demonstrated that empathic comments do not take much time or prolong encounters, and have a number of positive outcomes for patients including better blood pressure and glucose control.

<table>
<thead>
<tr>
<th>Non verbal skills</th>
<th>Eye contact, head nodding, touching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection</td>
<td>“I can see you are upset by this.”</td>
</tr>
<tr>
<td>Legitimation</td>
<td>“It is normal for people in your situation to feel this way.”</td>
</tr>
<tr>
<td>Attentive Silence</td>
<td></td>
</tr>
<tr>
<td>Statement of Partnership</td>
<td>“We will work together on getting you to feel better.”</td>
</tr>
</tbody>
</table>

Confirm Agreement & Overcome Barriers

• Check for patient understanding and agreement/exploration of any barriers to adherence.

• Arranging follow-up plans will reassure the patient of your continued care.

• Finally acknowledging your support during the closure of the interview with concern solidifies a sense of partnership with your patient and can improve health outcomes.

Skills Summary

http://webcampus.drexelmed.edu/interactive/choosingwisely/modules/m_02/default_FrameSet.htm
Specialty Specific Top 5 Choices

• Text
• Video References
• Links to specialty sites
• Links to calculators if applicable (cardiac risk factors, osteoporosis)
Don’t do imaging for low back pain within the first six weeks, unless red flags are present

Red flags include, but are not limited to, severe or progressive neurologic deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

Patient Handout from Consumer Reports: http://consumerhealthchoices.org/catalog/imaging-tests-for-back-pain-aafp/

Low back pain is one of the most common reasons for an outpatient visit. The evaluation for low back pain should include a complete, focused medical history looking for red flags, which include, but are not limited to: severe or progressive neurologic deficits (e.g., bowel or bladder function), fever, sudden back pain with spinal tenderness, trauma, and indications of a serious underlying condition (e.g., osteomyelitis, malignancy). It is also important to rule out nonspecific causes of back pain, such as pyelonephritis, pancreatitis, penetrating ulcer disease or other gastrointestinal causes, and pelvic disease. Fractures are an uncommon cause of back pain; they are associated with risk factors such as osteoporosis and steroid use. (1,2,3,4)

Most patients with radicular symptoms will recover within several weeks of onset. (5) The majority of disc herniations will regress or reabsorb within eight weeks of onset. In the absence of progressive neurologic deficits or other red flags, there is strong evidence to avoid CT/MRI imaging in patients with non-specific low back pain. (6,7)

Please click the video-button on the left to see how Dr. LeFevre speaks with a patient who suffers back pain and asks for imaging studies.

Studies have shown that patients with no back pain often show anatomic abnormalities on imaging. (8) Risks associated with routine imaging include unnecessary radiation exposure and patient labeling. (9) The labeling phenomenon of patients with low back pain has been studied and shown to worsen patients’ sense of well-being (10). In addition studies have linked the increase rate of imaging with the increase rate of surgery. (9) A study by Webster et al showed that patients with occupation-related back pain who had early magnetic resonance imaging (MRI) had an eightfold increased risk of surgery. (11) A study by Jarvik et al showed that patients with low back pain who had an MRI were more than twice as likely to undergo surgery compared with patients who had plain film imaging. (12)

A meta-analysis by Chou et al found no clinically significant difference in patient outcomes between those who had immediate lumbar imaging versus usual care. (7) The imaging of the lumbar spine before 6 weeks does not improve outcomes, but it does increase costs. In general, imaging should be saved for patients for whom noninvasive, conservative regimens have failed and surgery or therapeutic injection are being considered.

Red Flags:

Severe or progressive neurologic deficits (e.g., bowel or bladder function, saddle anesthesia)
Don’t obtain imaging studies in patients with non-specific low back pain.

• In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.

High quality evidence that imaging patients with acute low back pain of 6 weeks duration with no red flags results in no clinical benefits and is associated with harms ¹,²


Evidence of Harm

• **Patient Labeling**
  - Imaging reveals anatomic abnormalities in asymptomatic people\(^1\)
  - Diminished sense of wellbeing\(^2\)

• **Increased rate of surgery**
  - 8 fold increase risk for surgery\(^3\)

• **Radiation**

\(^1\) Jensen MC, Brant-Zawadski MN, Obuchowski N et al. Magnetic resonance imaging of the lumbar spine in people without back pain. NEJM. 1994;33 (2);69-73.


\(^3\) Lurie JD, Birkmeyer NJ, Weinstein JN. Rates of advanced spinal imaging and spine surgery. Spine 2003;28 (6);616-620.
Video Example

http://webcampus.drexelmed.edu/skills/annotatedvideos/annotatevideo.aspx?a=325
Patient Handout

- Easy to print out
- Link provided
- Give at end/during visit
- Used in video
Tool Kit for Choosing Wisely®

• ACP Communication Module
  • Video example
  • Links
  • References

• Copy of Choosing Wisely document in pdf
  • Evidence based guidelines

• Links to Consumer Report® free pdf handouts
How Can You Use these Videos

• Discussion
  • Practice setting
    • Patient safety
  • State medical societies
    • CME
  • Part of chart review
• Trainees
• Physicians, other providers and staff
• Appreciate any feedback.

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